

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

ADDRESS (number and street) ▼

4500 WITMER INDUSTRIAL ESTATES

☐ Check if different than previously reported. (ACC)

NIAGARA FALLS

NY

14305

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00155069

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MATT SCHIAVI

Signature of Treasurer

MATT SCHIAVI

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		181323.56
(b) Cash on Hand at Beginning of Reporting Period.....	182323.18	
(c) Total Receipts (from Line 19)	11967.80	18822.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	194290.98	200146.39
7. Total Disbursements (from Line 31)	6879.13	12734.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	187411.85	187411.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	177.85	177.85
(ii) Unitemized	11789.95	18644.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11967.80	18822.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11967.80	18822.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11967.80	18822.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11967.80	18822.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6879.13	12734.54
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6879.13	12734.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6879.13	12734.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11967.80	18822.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11967.80	18822.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

A. CARMELO AMATO JR Full Name (Last, First, Middle Initial) Mailing Address 3330 MCKINLEY PKWY City BLASDELL State NY Zip Code 14219 FEC ID number of contributing federal political committee. C Name of Employer OAKGROVE CONSTRUCTION INC Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.09		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2014 Transaction ID : SA11AI.23652 Amount of Each Receipt this Period 43.38
B. ROBERT BRAY Full Name (Last, First, Middle Initial) Mailing Address 13048 RT 438 City GOWANDA State NY Zip Code 14070 FEC ID number of contributing federal political committee. C Name of Employer TEBCO IRRIGATION Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.14		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2014 Transaction ID : SA11AI.23667 Amount of Each Receipt this Period 54.34
C. ROBERT BRAY Full Name (Last, First, Middle Initial) Mailing Address 13048 RT 438 City GOWANDA State NY Zip Code 14070 FEC ID number of contributing federal political committee. C Name of Employer TEBCO IRRIGATION Occupation LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.94		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2014 Transaction ID : SA11AI.23490 Amount of Each Receipt this Period 25.80
SUBTOTAL of Receipts This Page (optional)..... ▶		123.52
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

<p>Full Name (Last, First, Middle Initial) A. MICHAEL GODZISZ</p> <p>Mailing Address 91 OLIVER ST</p> <p>City State Zip Code LOCKPORT NY 14095</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LILL, FRANK & SON INC. LABORER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 203.30</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2014 Transaction ID : SA11AI.23282</p> <p>Amount of Each Receipt this Period 12.11</p>
<p>Full Name (Last, First, Middle Initial) B. MICHAEL GODZISZ</p> <p>Mailing Address 91 OLIVER ST</p> <p>City State Zip Code LOCKPORT NY 14095</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LILL, FRANK & SON INC. LABORER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.10</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2014 Transaction ID : SA11AI.23355</p> <p>Amount of Each Receipt this Period 16.80</p>
<p>Full Name (Last, First, Middle Initial) C. DOMINICK L TALLARICO</p> <p>Mailing Address 7822 PACKARD RD</p> <p>City State Zip Code NIAGARA FALLS NY 14304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CIMINELLI LP CONST CORP LABORER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.37</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2014 Transaction ID : SA11AI.23484</p> <p>Amount of Each Receipt this Period 25.42</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		54.33
<p>TOTAL This Period (last page this line number only)..... ▶</p>		177.85

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

A. EASTERN SEABOARD CONFERENCE



001

2000.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

B. FRIENDS OF JOHN CERETTO

MM / DD / YYYY

011

250.00

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. JOHN J. DELMONTE

011

250.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NATIONAL CHILD SAFETY COUNCIL

Mailing Address 5526 NIAGARA STREET

City
LOCKPORTState
NYZip Code
14094Purpose of Disbursement
DONATION

012

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SB29.23690

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. NIAGARA FALLS REPORTER

Mailing Address 1625 BUFFALO AVE.

City
NIAGARA FALLSState
NYZip Code
14304Purpose of Disbursement
ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB29.23682

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. NIAGARA FALLS REPORTER

Mailing Address 1625 BUFFALO AVE.

City
NIAGARA FALLSState
NYZip Code
14304Purpose of Disbursement
ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SB29.23684

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NIAGARA FALLS REPORTER

Mailing Address 1625 BUFFALO AVE.

City	State	Zip Code
NIAGARA FALLS	NY	14304

Purpose of Disbursement
ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB29.23685

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. NYS POLITICAL ACTION COMMITTEE

Mailing Address 18 CORPORATE WOODS BOULEVARD

City	State	Zip Code
ALBANY	NY	12211

Purpose of Disbursement
PAC CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB29.23677

Amount of Each Disbursement this Period

250.97

Full Name (Last, First, Middle Initial)

C. NYS POLITICAL ACTION COMMITTEE

Mailing Address 18 CORPORATE WOODS BOULEVARD

City	State	Zip Code
ALBANY	NY	12211

Purpose of Disbursement
PAC CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : SB29.23681

Amount of Each Disbursement this Period

688.16

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1689.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PARADISE OPPORTUNITY INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Mailing Address 144 MILL STREET

City	State	Zip Code
BUFFALO	NY	14212

Purpose of Disbursement
DONATION

012

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB29.23692

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

700.00

6639.13
